

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

# MISSOURI STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS CERTIFICATE OF DEATH

Do not use this space.

## 1. PLACE OF DEATH

County .....

Registration District No. ....

791

Township .....

Primary Registration District No. ....

0083

City .....

(No. 2247 Oregon)

25022

File No. ....

6439

Registered No. ....

St. .... Ward)

## 2. FULL NAME

(a) Residence, No. ....

(Usual place of abode)

St. ....

Ward. ....

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Kerman Jansen

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov 26 1847

7. AGE

YEARS

85

MONTHS

7

DAYS

27

If LESS than day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

13. NAME

Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

15. MAIDEN NAME

Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Mary Stark 2247 Oregon Ave

18. BURIAL, CREMATION, OR REMOVAL

PLACE New St Marcus DATE 7-26 1933

19. UNDERTAKER (ADDRESS)

Wackerfeldt 2331 So Broadway

20. FILED

AUG 26 1933

J F Bredeck Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

July 23 1933

22. I HEREBY CERTIFY, That I attended deceased from

Jan 1 1933 to July 23 1933

First saw him alive on July 23 1933. Death is said

to have occurred on the date stated above, at 12:40 p.m.

The principal cause of death and related causes of importance were as follows:

Sclerosis of arteries

+ heart

958

162

91

Other contributory causes of importance:

General debility

Berula

Name of operation

Date of

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

Date of injury

Where did injury occur?

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) W. L. T. T. M. D.

(Address) 710 Michigan

